| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS | | | | | | |
|--|--|---|---|--|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 | · | | | | | |
| B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolters | kluwer.com | | | | | |
| C. CEND ACKNOW! EDCMENT TO: (Name and Address) | 3700 - TD BANK | | | | | |
| CT Lien Solutions | 58146079 | | | | | |
| P.O. Box 29071 Glendale, CA 91209-9071 | RIRI | | | | | |
| 1 | 1 | | | | | |
| File with: Secretary of State, R | <u>: </u> | THE ABOVE | SPACE IS FO | OR FILING OFFICE U | SE ONLY | |
| 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (c | | | | | | |
| name will not fit in line 1b, leave all of item 1 blank, check here [1a. ORGANIZATION'S NAME] | and provide the Individual Debto | r information in item 10 of th | e Financing Sta | itement Addendum (Form | UCC1Ad) | |
| SEAVIEW TRUCKING, INC. | | | | | | |
| OR 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) SUFI | | |
| 1c. MAILING ADDRESS | CITY | CITY | | POSTAL CODE | COUNTRY | |
| 66 REGINA DRIVE | CRANSTON | CRANSTON | | 02921 | USA | |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (L | se exact, full name; do not omit, | modify, or abbreviate any pa | rt of the Debtor | 's name); if any part of the | Individual Debtor's | |
| name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME | and provide the Individual Debto | r information in item 10 of the | e Financing Sta | tement Addendum (Form t | UCC1Ad) | |
| Za. Organization s name | | | | | | |
| OR 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)INITIAL(S) SUFFIX | | |
| 2c. MAILING ADDRESS | CITY | CITY | | POSTAL CODE | COUNTRY | |
| | 3, | | STATE | POSTAL CODE | COUNTRY | |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI | GNOR SECURED PARTY): Prov | ride only one Secured Party | name (3a or 3b | p) | | |
| 3a. ORGANIZATION'S NAME TD BANK, N.A. | | | | | _ | |
| OR 3b. INDIVIDUAL'S SURNAME | T FIRST PERSONAL | FIRST PERSONAL NAME | | ADDITIONAL NAME(SYINITIAL(S) SUFFIX | | |
| | | | | 30,7,10 | | |
| 3c. MAILING ADDRESS | CITY | CITY | | POSTAL CODE | COUNTRY | |
| 1701 Route 70 East | Cherry Hill | Cherry Hill | | 08034 | USA | |
| 4. COLLATERAL: This financing statement covers the following collar All inventory, equipment, accounts (including but not limit to all promissory notes), letter-of-credit rights, letters of a performance, and general intangibles (including but not lextraction; all oil, gas, other minerals and accounts constools, parts, repairs, supplies and commingled goods relipant of the foregoing property; all insurance refunds relat and embedded software relating to the foregoing propert records and data on electronic media; an all supporting whether now owned or hereafter acquired or whether not (including but not limited to all insurance payments) of or | ted to all health-care-insu- credit, documents, deposit imited to all software and tituting as-extracted collat- ating to the foregoing prope ing to the foregoing prope by, and all equipment, inver- biligations relating to the f w or hereafter subject to a | accounts, investment all payment intangibles eral; all attachments, a serty, and all additions, rty; all good will relation tory and software to to regoing property; all vary rights in the foregoing property; all vary rights in the foregoing | property, most, all oil, gast, cessions, a replacemer g to the fore whether now | oney, other rights to p and other minerals accessories, fittings, i ats of and substitution going property; all re- e, maintain and proce of existing or hereafter | payment and before increases, as for all or any cords and data ass any such r arising. | |
| 5. Check only if applicable and check only one box: Collateral is he 6a. Check only if applicable and check only one box: | eld in a Trust (see UCC1Ad, iten | | | ed by a Decedent's Perso f applicable and check <u>on</u> | | |
| Public-Finance Transaction Manufactured-Home Transaction | | Transmitting Utility | Agricultu | | | |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor | Consignee/Consigne | or Seller/Buyer | Baile | ee/Bailor Licer | nsee/Licensor | |

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8. OPTIONAL FILER REFERENCE DATA:

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